

# High School Mentor Activity Report

## Month                      Year

<b>Mentor Name:</b>	<b>Phone:</b>
<b>Student Name:</b>	

*Issues of a confidential nature should not be addressed on this form. Please contact the Mentor Coordinator for information and/or assistance at:*

Activity	Week 1	Week 2	Week 3	Week 4
Number of Phone Contacts				
Number of E-mail/Fax Contacts				
Number of Personal Contacts				

**Total number of hours spent this month on mentoring activities:**

(This box should include an approximate amount of time spent during phone conversations, e-mails, and in person.)

**1. Please describe any activities you and your mentee have been involved in this month.**

**Check all that apply:**

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> school projects   | <input type="checkbox"/> tutoring      | <input type="checkbox"/> field trips | <input type="checkbox"/> college preparation |
| <input type="checkbox"/> job shadow        | <input type="checkbox"/> school shadow | <input type="checkbox"/> home visits | <input type="checkbox"/> parent conferences  |
| <input type="checkbox"/> social activities | <input type="checkbox"/> goal setting  |                                      |  |
| <input type="checkbox"/> other: _____      |  |                                      |  |

**Any additional comments (i.e., topics of discussion, questions the student might have asked, etc.)?**

**2. During this month, please check the appropriate box that best describes your mentee's motivation in the following areas:**

	Increased	No change	Decreased	Don't Know
Grades/school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude and outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Describe any major obstacles that came up in the relationship. Explain how it was handled.**

**4. Please provide any additional comments, suggestions or questions for staff.**